

Please type a plus sign (+) inside this box → **+**

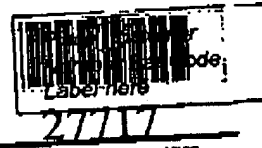
PTO/SB/81 (02-01)

Approved for use through 10/31/2002, OMB 0651-0035

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	10/063,796
Filing Date	May 14, 2002
First Named Inventor	Josephson
Title	Method for Verifying...
Group Art Unit	2876
Examiner Name	
Attorney Docket Number	

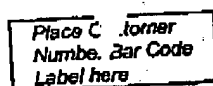
I hereby appoint:

- ☒ Practitioners at Customer Number **27717** → 
- ☐ OR
Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

- ☐ The above-mentioned Customer Number.
- ☐ OR
☐ Practitioners at Customer Number **27717** → 
- ☐ OR

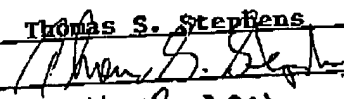
<input checked="" type="checkbox"/> Firm or Individual Name	Joseph R. Lanser			
	Seyfarth Shaw			
Address	55 E. Monroe Street, 42nd floor			
Address	City	State	Zip	
	Chicago	IL	60603	
Country	U.S.A.			
Telephone	(312) 346-8000	Fax	(312) 269-8869	

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Thomas S. Stephens
Signature	
Date	11-19-2002

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of **2** forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231.

Please type a plus sign (+) inside this box → 

PTO/SB/82 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**REVOCATION OF POWER OF
ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	10/063,796
Filing Date	May 14, 2002
First Named Inventor	Josephson
Group Art Unit	2876
Examiner Name	
Attorney Docket Number	

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

☒ A Power of Attorney or Authorization of Agent is submitted herewith.

OR

☐ Please change the correspondence address for the above-identified application to:☐ Customer Number Place Customer
Number Bar Code
Label here

OR

☐ Firm or
Individual Name

Address

Address

City

State

ZIP

Country

Fax

Telephone

FAX RECEIVED

I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

NOV 25 2002

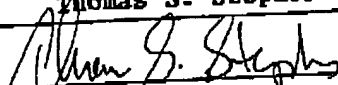
TECHNOLOGY CENTER 2800

SIGNATURE of Applicant or Assignee of Record

Name

Thomas S. Stephens

Signature



Date

11-18-2002

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 2 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

#3
1/14/03
AJN

PATENT

Attorney Docket No. _____

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Josephson et al.

Serial Number: 10/063,796

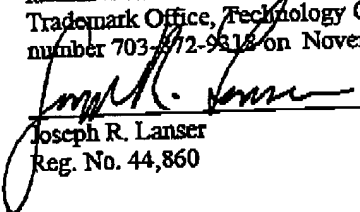
Filing Date: May 14, 2002

For: **METHOD FOR VERIFYING
AND AUTHENTICATING INITIALLY
NAMED ...**

Group Art Unit: 2876

Examiner:

I hereby certify that this correspondence is being
facsimile transmitted to the United States Patent and
Trademark Office, Technology Center 2800, facsimile
number 703-772-9318 on November 25, 2002.


Joseph R. Lanser
Reg. No. 44,860

11/25/2002
Date

Commissioner of Patents
United States Patent and Trademark Office
Washington, D.C. 20231

FAX RECEIVED

NOV 25 2002

TRANSMITTAL LETTER

TECHNOLOGY CENTER 2800

Dear Sir:

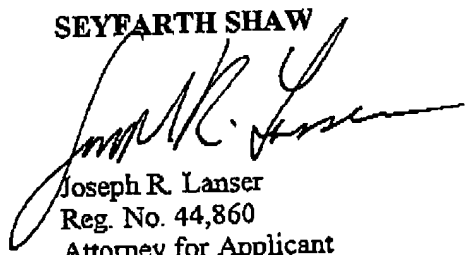
Enclosed, please find the following documents in regards to the above captioned patent application:

- 1) Revocation of Power of Attorney or Authorization of Agent (PTO/SB/82);
- 2) Power of Attorney or Authorization of Agent (PTO/SB/81); and
- 3) Certificate of Facsimile Transmission per 37 C.F.R. §1.8.

Respectfully Submitted,

SEYFARTH SHAW

SEYFARTH SHAW
55 East Monroe Street, 42nd Floor
Chicago, Illinois 60603-5803
phone: (312)346-8000
fax: (312)269-8869
customer number: 27717


Joseph R. Lanser
Reg. No. 44,860
Attorney for Applicant

PATENT

Attorney Docket No. _____

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Josephson et al)

Serial Number: 10/063,796)

Filing Date: May 14, 2002)

For: METHOD FOR VERIFYING
AND AUTHENTICATING INITIALLY
NAMED....)

Group Art Unit: 2876

Examiner:

FAX RECEIVED

NOV 25 2002

Assistant Commissioner of Patents
United States Patent and Trademark Office
Washington, D.C. 20231

TECHNOLOGY CENTER 2800

CERTIFICATE OF FACSIMILE TRANSMISSION PER 37 C.F.R. § 1.8

Dear Sir:

Date of Transmission: November 25, 2002.

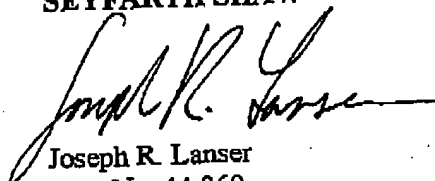
Attached Paper or Fee: Revocation of Power of Attorney or Authorization of Agent (PTO/SB/82); and Power of Attorney or Authorization of Agent (PTO/SB/81).

I hereby certify that the attached paper or fee is being facsimile transmitted to the United States Patent and Trademark Office, Technology Center 2800, facsimile number 703-872-9318 under 37 C.F.R. § 1.6(d) on the date indicated above.

Respectfully Submitted,

SEYFARTH SHAW

SEYFARTH SHAW
55 East Monroe Street, 42nd Floor
Chicago, Illinois 60603-5803
phone: (312)346-8000
fax: (312)269-8869
customer number: 27717


Joseph R. Lanser
Reg. No. 44,860
Attorney for Applicant

PTO/SB/98 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

STATEMENT UNDER 37 CFR 3.73(b)

Applicant/Patent Owner: The Alliance Group of Texas
 Application No./Patent No.: 10/063,796 Filed/Issue Date: 05/14/2002
 Entitled: Method for Verifying and Authenticating Initially Named
The Alliance Group of Texas, a corporation
 (Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

FAX RECEIVED

NOV 25 2002

TECHNOLOGY CENTER 2800

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
 2. ☐ an assignee of less than the entire right, title and interest.
 The extent (by, percentage) of its ownership interest is _____ %
 in the patent application/patent identified above by virtue of either:

A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 012687, frame 0869, or for which a copy thereof is attached.

OR

B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: _____ To: _____
 The document was recorded in the United States Patent and Trademark Office at
 Reel _____, Frame _____, or for which a copy thereof is attached.
 2. From: _____ To: _____
 The document was recorded in the United States Patent and Trademark Office at
 Reel _____, Frame _____, or for which a copy thereof is attached.
 3. From: _____ To: _____
 The document was recorded in the United States Patent and Trademark Office at
 Reel _____, Frame _____, or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet.

☒ Copies of assignments or other documents in the chain of title are attached.
 [NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

11-18-2002
 Date

Thomas S. Stephens
 Typed or printed name

Thomas S. Stephens
 Signature

Managing Partner
 Title

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.